

CITY OF MESA HEALTH PLAN PRECERTIFICATION LIST

All Inpatient Services, including:

Bariatric procedures
Behavioral health/substance abuse inpatient and residential care
Cardiac rehabilitation
Elective medical admissions
Elective behavioral health/substance abuse admissions
Emergency or urgent admissions
Long term acute care facility (LTAC)
Newborn stays beyond mother
OB related admissions (complications, excludes childbirth)
Organ and bone marrow/stem cell transplants
Rehabilitation facility admissions (inpatient rehabilitation)
Skilled nursing facility (SNF)
Surgical hospitalizations

Outpatient Services

Biopsies
Cardiac rehabilitation
Colonoscopy (medically necessary)
EGD's and other scopes
Elective outpatient surgical services
Intensive outpatient behavioral health/substance abuse therapy
Spinal tap (lumbar puncture)
Surgical or invasive procedures performed in a physician's office
Surgical procedures performed in a hospital
Surgical procedures performed in a free-standing ambulatory surgical center

Behavioral Health Services

Electric Convulsive Therapy (ECT)
Inpatient admissions in any facility

Diagnostic Testing

MRI
Pet Scans
CT Scans
Nuclear Stress Test

Durable Medical Equipment

DME with a cost of over \$1,000 based on in-network contracted rates
Prosthetics with a cost of over \$1,000 based on in-network contracted rates

Other Services

Ambulance, excluding 911 initiated emergency transport
Any potentially cosmetic or experimental/investigational service
Botox for medical conditions
BRCA services
Chemotherapy
Chiropractic care (review after 25 visits)
Cochlear implants
Dialysis
Enteral tube feeding
Home health care (including private duty nursing)
Home infusion therapy (billed by home infusion specialist)
Hospice
Occupational Therapy
Pain Management
Physical therapy
Radiation therapy (intensity modulated radiation therapy (mrt), proton beam therapy)
Sleep Studies
Speech Therapy
Synagis (shots for preemies and newborns with SRV)
Testosterone Treatments (pellets or shots)

Please note: this list may not be inclusive of all services requiring precertification, and services are considered for coverage subject to medical necessity. This information is a summary of health benefits covered by the City of Mesa medical plan, is subject to change, and is not a guarantee of payment. Wherever there is a difference between any summary material and the City's plan document, the plan document takes precedence.